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Effect		C	omplete if	Known								
Fees pursuent to the Consolid	Application Nur	nber 1	nber 10/039,313									
FEE TR	Filing Date	1	0/27/200									
For	First Named Im	ventor S	hariff et a	l								
	Examiner Name	9 <i>A</i>	Shley		•							
Applicant claims small	Art Unit	3	724									
TOTAL AMOUNT OF PAY	Attorney Docke	t No. C	06593-19	53								
METHOD OF PAYMEN	T (check all	that apply)										
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP												
For the above-identi												
Charge fee(s)	indicated be	elow		Charg	je fee(s) ir	dicated bet	w, except	for the fil	ing fee			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information end authorization on PTO-2038.												
FEE CALCULATION								-				
1. BASIC FILING, SEAF	FILING	FEES		RCH FEES	EXAM	NATION F						
Application Type	Fee (\$)	mail Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fee (Small En En Feo (S		Fees Pal	d (\$)			
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130-	65	_					
Plant	200	100	300	150	160	80	_					
Reissue	300	150	500	250	600	300	_					
Provisional	200	100	0	. 0	0	0	_					
2. EXCESS CLAIM FEE Fee Description Each claim over 20 or, for Each independent claim of	or Reissues						nal natent	Fee (\$) 50	mall Entity Fee (\$) 25 100			
Multiple dependent clain		or 100,000,000,	ovp			uno oB	puvouv	360	180			
						tiple Dependent Claims See (\$) Fee Paid		<u>s</u>				
HP = highest number of total indep. Claims 4 - 3 or HP = HP = highest number of indep	Extra Claim 1	<u>Fee (\$)</u> x 200	= 200	Paid (\$) 1.00								
3. APPLICATION SIZE If the specification and for each additional Total Sheets 100 =	drawings of 50 sheets of Extra She		f. See	35 U.S.C. 41(a))(1)(G) a or fraction	nd 37 CFR <u>n thereof</u>	1.16(s).		all entity) Pald (\$)			
4. OTHER FEE(S) Non-English Specifi (SHCYCE 00(100(n))4 FC Other:	cation, \$	1 30 fee (no smal 1039313	l entity	discount)	<u></u> -			Fee	s Pald (\$)			
SUBMITTED BY. 37 37												
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05 FC:120 02 -C:120 (Attorney/Agent) 41,733 Name (Print/Type) Steven J. Elleman Date

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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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